

Freedom of Information Request Form South Carolina Department of Health and Environmental Control

	DATE	
	(Please Print)	
Name (Mr., Mrs., Ms.):		
Company Name:		
Company Address:		
City, State, Zip Code:		
	tion Act (FOIA), I would like to review and/o	or copy all available files for the
following:		_
Facility	Address	County
	Act prohibits use of personal information of read and understand the above statement	0 ,
Signed		
Request should be mailed or fa	axed to the FOI Office, SC DHEC, 2600 Bu	ıll St., Columbia, S.C. 29201;
Telephone (803) 898-3882; Fa	x (803) 898-3816.	
FOR OFFICE USE ONLY:		
RESEARCH TIME:	TOTAL # OF COPIES	
TOTAL COST: DAT	E MAILED AND/OR PICKED-UP	